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## PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Gode of Griminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another." Art. 2.139 Code of Criminal Procedure.

**Email completed form to:** officershootingreport@texasattorneygeneral.gov

DATE OF REPORT 06/29/20	16		
AGENCY/FACILITY INFORMATIO	N .	7	
Name of Agency/Facility Bul	lverde Police Department		<del></del>
Address 30360 Cougar	Bend		
City Bulverde		Zip Gode	78163
Telephone Number (830) 4	138-3612		
Signature of Director of Agend	cy/Facility (Required)		
Name of Person Filling Out For	rm Gary Haecker		
Email of Person Filling Out For	haeckerg@ci.bulverde.tx.u	IS	
1. WHAT WAS THE INJURED OR	DECEASED'S GENDER?	8. WHAT WAS THE PEACE O	FFICER'S GENDER?
✓ Male  ☐ Female		☑ Male ☐ Female	
O MILLAT WAS THE IN HIDED OD	DECEASED'S AGE AT TIME OF INCIDENT?	O WINAT WAS THE DEACE OF	FFICER'S AGE AT THE TIME OF THE INCIDENT?
	DECEASED'S AGE AT TIME OF INCIDENT?  ☐ Not Available		FRICER S AGE AT THE TIME OF THE INCIDENTS
22	☐ NOT AVAILABLE	37	
(Mark one based on information re-	DECEASED'S RACE/ETHNICITY? ported on state driver license application, state	10. WHAT WAS THE PEACE (Mark only one)	OFFICER'S RACE/ETHNICITY?
identification card application, or oth and known. If not available, mark not	er government reported identification if available	☐ American Indian	☐ Black or African American
☐ American Indian	☐ Black or African American	or Alaska Native	☐ Hispanic or Latino
or Alaska Native	☐ Hispanic or Latino	☑ Anglo or White	☐ Other
☑ Anglo or White	☐ Other	☐ Asian or Pacific Islande	r
Asian or Pacific Islander	☐ Not Available	11 DUDING THE INCIDENT	DEAGE OFFIGER WAS
4. DATE OF INCIDENT		11. DURING THE INCIDENT,	PEAGE UFFIGER WAS:
Month June Day 2	23rd Year 2016	☐ On Duty ☐ Off Duty ☐ Off Duty	
TIME: Hour 10	Min	12. PEACE OFFICER WAS RI OR MORE OFFICERS:	ESPONDING TO CALL OR REQUEST WITH ONE
5. LOCATION OF INCIDENT		✓ Yes □ No	
Street address 31600 Blk	KHigh Ridge Dr	17 INCIDENT OCCUPRED D	MIDING OD AS A DESILIT OF A
City Bulverde		13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:	
County Comal Zip 78163		☑ Emergency Call or Request for Assistance	
bounty		☐ Traffic stop ☐ Execution of a warrant	
6. INCIDENT RESULTED IN: 🗖 Injury 🗖 Death			
7. INJURED OR DECEASED PERSON:		Hostage, barricade, or other emergency situation	
☑ Carried, exhibited or used a		☐ Other – Specify type of	Call
☐ Did not carry, exhibit or use			

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	6		
DATE OF REPORT 06/29/2	2016		
AGENCY/FACILITY INFORMAT	TON		
Name of Agency/Facility B	ulverde Police Department		
Address 30360 Couga			
City Bulverde		Zip Cod	<sub>e</sub> _78163
Telephone Number (830)	438-3612		
Signature of Director of Age	1/ //		
Name of Person Filling Out F	Gary Haecker		
Email of Person Filling Out F	haeckerg@ci.bulverde.tx.u	IS	-
1. WHAT WAS THE INJURED (		8. WHAT WAS THE PEACE (	DEFICED'S CENDED?
✓ Male ☐ Female	DE DEGEASED S GENDER!	Male Female	OFFICER & GENDER:
Male   Female		wate Premate	
2. WHAT WAS THE INJURED (	OR DECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE O	FFICER'S AGE AT THE TIME OF THE INCIDENT?
22	☐ Not Available	28	
(Mark one based on information	DR DECEASED'S RACE/ETHNICITY? reported on state driver license application, state other government reported identification if available	10. WHAT WAS THE PEACE (Mark only one)	OFFICER'S RACE/ETHNICITY?
and known. If not available, mark n		☐ American Indian	☐ Black or African American
☐ American Indian	☐ Black or African American	or Alaska Native	☐ Hispanic or Latino
or Alaska Native	☐ Hispanic or Latino	☑ Anglo or White	□ Other
☑ Anglo or White	☐ Other	☐ Asian or Pacific Islande	er
☐ Asian or Pacific Islander	☐ Not Available	11. DURING THE INCIDENT	, PEACE OFFICER WAS:
4. DATE OF INCIDENT		☑ On Duty ☐ Off Duty	
Month June Day	23rd Year 2016		
TIME: Hour 10	Min 46 □ AM 2 PM	12. PEACE OFFICER WAS R OR MORE OFFICERS:	ESPONDING TO CALL OR REQUEST WITH ONE
5. LOCATION OF INCIDENT		Yes No	
Street address 31600 B	lk High Ridge Dr	13. INCIDENT OCCURRED [	DURING OR AS A RESULT OF A:
City_Bulverde		☑ Emergency Call or Request for Assistance	
County Comal Zip 78163		☐ Traffic stop	
C INCIDENT DECILITED IN	Maium. Dooth	☐ Execution of a warrant	
6. INCIDENT RESULTED IN:	☑ Injury ☐ Death		other emergency situation
7. INJURED OR DECEASED PERSON:		☐ Other — Specify type of call	
☑ Carried, exhibited or use	d a deadly weapon		
☐ Did not carry, exhibit or u	ise a deadly weapon		

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Did not carry, exhibit or use a deadly weapon

## PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

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AGENCY/FACILITY INFORMATI	ON		
Name of Agency/Facility Bu	ulverde Police Department		
Address 30360 Couga	r Bend		
City Bulverde		Zip Code	, 78163
Telephone Number (830)	438-3612		
Signature of Director of Ager	1711		
Name of Person Filling Out Fo	Gary Haecker		
Email of Person Filling Out Fo	haeckerg@ci.bulverde.tx.u	IS	у
1. WHAT WAS THE INJURED OR DECEASED'S GENDER?		8. WHAT WAS THE PEACE OFFICER'S GENDER?	
		Male  □ Female	
2. WHAT WAS THE INJURED OF	R DECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE OF	FFICER'S AGE AT THE TIME OF THE INCIDENT?
22	☐ Not Available	41	
3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?  (Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available		10. WHAT WAS THE PEACE (Mark only one)	OFFICER'S RACE/ETHNICITY?
and known. If not available, mark no		☐ American Indian	☐ Black or African American
☐ American Indian	☐ Black or African American	or Alaska Native	☐ Hispanic or Latino
or Alaska Native	☐ Hispanic or Latino	☑ Anglo or White	□ Other
✓ Anglo or White	□ Other	☐ Asian or Pacific Islande	r
Asian or Pacific Islander	☐ Not Available	11. DURING THE INCIDENT,	PEACE OFFICER WAS:
4. DATE OF INCIDENT		🖬 On Duty 🔲 Off Duty	
Month June Day	23rd Year 2016	10 DEACE OFFICED WAS DE	ESPONDING TO CALL OR REQUEST WITH ONE
TIME: Hour 10	Min _46□ AM <b>⊄</b> Î PM	OR MORE OFFICERS:	ESPUNDING TO CALL OR REQUEST WITH ONE
5. LOCATION OF INCIDENT		Yes 🔲 No	
Street address 31600 BI	k High Ridge Dr	13. INCIDENT OCCURRED D	URING OR AS A RESULT OF A:
City Bulverde		☑ Emergency Call or Request for Assistance	
County Comal	Zip <b>78163</b>	☐ Traffic stop	
6. INCIDENT RESULTED IN:	☑ Injury ☐ Death	☐ Execution of a warrant	
o. INCIDENT NEGOCIED IN.	anilar à meath	☐ Hostage, barricade, or o	other emergency situation
7. INJURED OR DECEASED PE	RSON:	☐ Other — Specify type of	call
☑ Carried, exhibited or used	a deadly weapon	<u> </u>	